## ID DISBURSEMEN REPORT OF RECE 2010 Non-Judicial Election

JAN 1 8 2011  Secretary of State Capitol Office	D	<b>FCEIVEN</b>
Secretary of State	-[1	IAN 1 8 2011
- TOTAL STANISH	E.	2.5

Name of Candidate WILBERT L. JONES Address P.O.BOX 2130 MERIDIAN, MS 39302-2130 Fax 601-482-4539 Telephone 601-917-4330 Email wjonescat4@comcast.r Contact Name WILBERT L. JONES MS HOUSE OF REP. DIST. 82 DEMOCRATIC Office Sought Political Party

Check here if above is different from previous report

### TYPE OF REPORT

June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).......Runoff Candidates October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).................................All Candidates November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates XX January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).......All Candidates and **Political Committees** 

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

#### IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report Indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	It	emize	d + No	n-itemized	=	This	s Period		Calendar Year-To-Date
Total amount of contributions	<b>\$</b> 1	,200.	0 <b>G-\$</b>	0	\$	1,200.	.00	<b>\$</b> 1	,200.00
Total amount of disbursements	\$	0	+\$	0	\$	0		\$	0
Total amount of cash on hand					\$	2,996.7	74		
I certify that I have examined th	is/Ne	port a	nd to ti	he best of r	ny knov	viedge and	d belief it is t	rue, agcı	urate, and complete

Signature of Candidate

01/17/2011

Authority: Refer to Miss. Code Ann. §23/15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fex to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page	!	of I	
J		_	

Name of Candidate or Committee	WILBERT L. JONES
Reporting period 1/1/2010	through 12/31/2010

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE-PAC	12 /21 /2010	\$200.00
Mailing Address 1602 24th ave.		S
City, State, Zip Code  MERIDIAN, MS 39301		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source:  Corporation  RRAC   Individual   Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MISSISSIPPI DENTAL POLITICAL ACTION COMMITTE	E <u>8 /19 /201</u> 0	\$ 500.00
Mailing Address 2630 Ridgewood Road, Ste. C		\$
City, State, Zip Code  Jackson, MS 39216-4920	_1_1_	\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: □ Corporation অPAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T MISSISSIPPI POLITICAL ACTION COMMITTE	E 8/10/2010	\$500.00
Mailing Address 175 E. Capital St. Landmark Center Rm 703		S
City, State, Zip Code  Jackson, MS 39201		\$
Name of Employer (Required)	_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	111	s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Page	1	of 1

Name of Candidate or Committee

WILBERT L. JONES

Reporting period

!/1/2010

through 12/31/2010

# ITEMIZED DISBURSEMENTS

A. Full name N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	11	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s